

**MEDICAL RELEASE
FOR
WAIVER OR REACTIVATION APPLICANTS**

NOTICE TO EXAMINING MEDICAL DOCTOR

**PEACE OFFICER STANDARDS AND TRAINING
PHYSICAL TESTING REQUIREMENTS**

The POST Waiver/Reactivation program requires participation in a physical fitness test. All students will participate in one rigorous fitness test. The following fitness test requires maximum exertion.

- **The physical assessment will consist of a standing high jump, push- ups, plank and a one and one-half mile run. If approved, the UPAT obstacle course may be used in place of the physical assessment.**

Applicant:

I have read and understand the physical training requirements necessary for my attendance in the Waiver/Reactivation physical fitness exam.

I certify that I am physically and medically capable of participation in the rigorous physical fitness test described above.

Applicant Name (please print or type)

Applicant Signature

Date

Medical Doctor:

I have examined the applicant and find this person physically capable of participating in a rigorous physical fitness test as described above.

Medical Doctor Name (please print or type)

Medical Doctor Signature

Date

Medical Doctor Telephone Number

Medical Doctor Address

MEDICAL RELEASE IS VALID FOR 6 MONTHS AFTER BEING SIGNED